

SEWER ADJUSTMENT APPLICATION



Account No.: _____ Date: _____

Name: _____ Telephone No.: _____

Service Address: _____

Month of Excessive Bill: _____ Excessive Bill Amount: _____

Did the water pass through the sewer? _____ Yes _____ No

Detailed description of nature of leak: _____

Repair company information – (Note: Please attach copy of repair bill.)

Name: _____ Telephone No.: _____

Address: _____

WATER UTILITY OFFICE USE ONLY

Number of claims filed this year: _____

Preceding three months –

Average Usage Amount: _____ Average Sewer Amount: _____

Excessive Sewer Amount: _____ + Unit Charge, if any: _____

Less Average Sewer Amount: _____ Total Average Sewer Amount: _____

Requested Adjustment Amount: _____

BOARD OF PUBLIC WORKS AND SAFETY USE ONLY

We, the Board of Public Works and Safety, approve this sewer adjustment request.

Phil R. Deckard, Mayor

Date

Eric Bowen, Member

Date

Scotty Manley, Member

Date